***This form should be completed by applicants and submitted with the application to CEP.***

**Eligibility Criteria Checklist**

1. Applicant is a **Macedonian CSO**, meaning that it is managed by a governing body the majority of who are citizens or lawful permanent residents of Macedonia.

[ ]  Yes [ ]  No

1. Applicant has at least **three years of operational experience in the priority areas** listed in the RFA.

[ ]  Yes [ ]  No

1. Applicant is **not CEP’s Partnership Grants lead grantee nor a current Strategic Support grantee**.

[ ]  Yes [ ]  No

**Application Checklist**

1. **Five printed copies** **of the Application Form and the Project Budget**. At least one of the copies must contain the original stamp and signatures.

[ ]  Yes [ ]  No

1. **Five printed copies of Budget Notes** added to the Project Budget.

 [ ]  Yes [ ]  No

1. **Five printed copies of the organization’s Annual Financial Report**.

 [ ]  Yes [ ]  No

1. **Five printed copies** of the organization’s most recent registration document not older than six months.

 [ ]  Yes [ ]  No

1. **Five printed copies** of letter of support from relevant public institution(s) or media if the applicant plans to work with public officials or media staff.

 [ ]  Yes [ ]  No [ ]  Not applicable

1. **One CD or USB** containing all documents submitted in hard-copy.

 [ ]  Yes [ ]  No

I hereby confirm that that all the **ticked** requirements and documents are met and included in the application package.

**Name and surname:**

**Organization:**

**Date:**

**Signature:**